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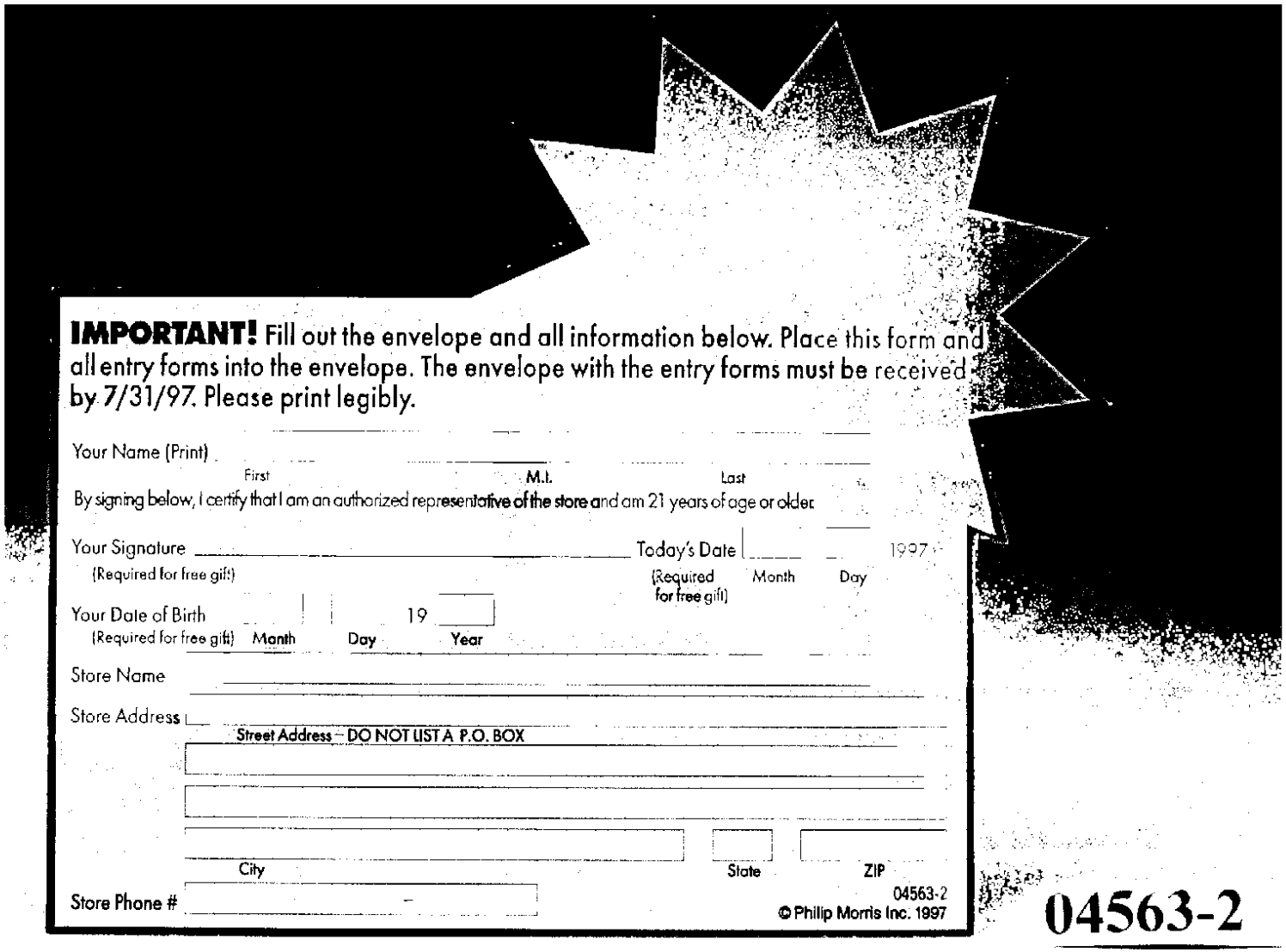

IMPORTANT! Fill out the envelope and all information below. Place this form and all entry forms into the envelope. The envelope with the entry forms must be received by 7/31/97. Please print legibly.

Your Name (Print) _____
First M.I. Last

By signing below, I certify that I am an authorized representative of the store and am 21 years of age or older.

Your Signature _____ Today's Date ____ ____ 1997
(Required for free gift) (Required for free gift) Month Day

Your Date of Birth ____ ____ 19 ____
(Required for free gift) Month Day Year

Store Name _____

Store Address _____
Street Address – DO NOT LIST A P.O. BOX

_____

_____

_____ ____ _____
City State ZIP

Store Phone # ____ – _____

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